



Memorandum

To: Jeff Montera, Project Manager

From: Angela Frandsen, Quality Assurance Manager *ahf*

Reviewed by: Krista Lippoldt, Quality Assurance Coordinator for EPA Region VIII RAC

Date: December 20, 2002

Subject: Libby CSS QAM checklist for 11/3/02 to 11/22/02

The following summarizes the QA activities that are being verified biweekly by the QAM for the Libby CSS. These activities are discussed in Section 7 of the CSS Final SAP. This memorandum covers the above-referenced final three weeks of the field season.

1. Field Team Orientation

(QAM will attach the signature page for each orientation)

Number of new field team members: 0

Number of field team member orientations: 0

2. Field Form Completion Checks (IFFs and FSDSs)

(QAM will perform a 10% check on completed field forms sent to Helena for evidence that field team members are doing the required QC checks.)

Number of IFFs completed: 149 between 10/20 and 11/2/02

Number of IFFs received in Helena: 149

Number and percent of IFFs checked by the QAM for completeness and correctness:

17 (11.4%); 4 IFFs found with problems.

Corrective Action: See attached list of corrective actions.

Number and percent of IFFs checked by the CSS task leader for completion and correctness: 149, 100%

Number of FSDSs completed: 175 between 10/20 and 11/2/02
Number of FSDSs received in Helena: 198 (FSDSs shipped to Helena would include those from 11/18 to 11/22 because they are shipped on Fridays, which accounts for the higher total)
Number and percent of FSDSs checked by the QAM for completeness and correctness: 23 (11.6%); no problems found.
Corrective Action Taken: None required
Number and percent of FSDSs checked by the CSS task leader for completion and correctness: 175, 100%
Comment:

3. Supplemental Verification of Vermiculite Product
(CSS field team leader to notify QAM by email if this occurs)
Number of occurrences of supplemental verification: None
Addresses of verifications: NA

4. Screening Field Checks
(CSS task leader will check 2% of all properties)
Total number of properties sampled through 11/22/02: 3123
Total number and percent of screening field checks performed by task leader: 15 checks during this three week time period; 69 (2.2%) properties have been checked overall.
Comment: Number of screening field checks exceeds 2%

5. Field Audits
Field audit conducted when and by whom? None

6. Field QC Samples

Field Duplicates (1/20)
Number of field samples collected: 320
Number of duplicates collected: 19
Ratio: 1.19/20
Equipment Blanks (1/day)
Number of days soil sampling occurred: 13
Number of equipment blanks collected: 12
Ratio: 0.92/day
Aqueous Rinsates (1/day, 3 different weeks throughout field season)
Number of days expected to collect rinsates during the time frame: 0

Number of rinsates collected: 0

Ratio: NA

Next time period rinsates expected to be collected: No additional rinsates to be collected during this field season

Total number of rinsates collected since sampling began: 18 for CSS and 1 for Stimson Lumber sampling

Comment: Field team inadvertently did not collect equipment blank on 11/16/02. This deficiency was not identified until after the field season ended, therefore, no corrective action could be taken.

Preparation Duplicates (1/20)

Number of samples prepared by the CDM laboratory: 450 dried

Number of preparation duplicates collected: 24

Ratio: 1.07/20

Preparation Blanks (1/day)

Number of days that samples were prepared by the CDM laboratory: 14

Number of preparation blanks collected: 4

Ratio: 1/batch created

Comment: T. Burgesser noted that he only prepared one preparation blank per batch, rather than one preparation blank per day.

SEM/IR Splits (first 500 samples: 1/5 of IR \leq 0.5%, 1/10 of IR $>$ 0.5% and \geq 1%)

Total number of samples \leq 0.5%: None yet

Number and percent of SEM/IR splits: None yet

Total number of samples $>$ 0.5% and \geq 1%: None yet

Number and percent of SEM/IR splits: None yet

Comment: No laboratory yet under contract to perform IR soil analysis. Anni Autio (laboratory coordinator) in charge of arranging this once laboratory is subcontracted.

7. Data Entry Checks (10% of Volpe data entry)

Number of data entries: None (no analytical results)

Number and percent of data entries checked: None (no analytical results - data entry to be checked after analytical data are uploaded into database)

Name of person(s) checking data entries: NA at this time

8. Data Validation

Number of samples validated and reviewed and by whom: None, no analytical results yet

Number of sample results rejected: 0 out of 0

9. CDM Document Review

Documents issued to the client: Work Plan Revision 2, November 6, 2002

Which ones required Editorial Review and was review conducted? Work Plan, Editorial Review not conducted

Which ones required Technical Review and was review conducted? Work Plan, Yes

Which ones required QA review and was review conducted? Work Plan, Yes

Field Record of Deviation/Request for Modification forms completed and sent to EPA for approval: Form 000062, Change to Soil Sample Preparation Method

Overall Comments: This is the final memorandum focusing on CSS field activities. Future memoranda will be revised to focus on data validation and data entry activities.

cc: Jim Christiansen, EPA
Mary Goldade, EPA
Mark Raney, Volpe
Krista Lippoldt, CDM
Dee Warren, CDM
Dave Schroeder, CDM
Terry Keller, CDM
George DeLullo, CDM
Tim Wall, CDM

IFFs that need to be corrected:

Period: Paperwork received for 11/3/02 through 11/23/02

IFF BD#'s	10% QC Check problem found	Corrective Action Taken	Date Corrected
BD-002758	Owner stated that LV from old pumphouse was dumped by the gravel pad when the pumphouse was taken down. This is only noted in the logbook notes and on the property sketch. This information needs to be noted in the IFF.	CSS TL noted in additional comments field	11/22/2002
BD-002960	Logbook notes that tenant stated that LVAI was removed from the attic by the owner prior to her moving in. On page 5 the question, "Did the attic ever have ZAI?" is answered as "unknown".	Answer changed to YES by CSS TL	11/22/2002
BD-003048	Page 2 - Years at current location is not circled	>15 circled by CSS TL	11/22/2002
BD-003061	LV was observed by the soil team on 11/2/02. The IFF exposure assessment should be changed accordingly to reflect some exposure.	IFF changed by CSS TL	11/22/2002

FSDSs that need to be corrected:

Period: Paperwork received for 11/3/02 through 11/23/02

FSDS CSS#'s	10% QC Check problem found	Corrective Action Taken	Date Corrected
No problems found			

LESS INFORMATION FIELD FORM (continued)

Address: 1590 E 5TH ST. EXT.BD# 002753

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information		
Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Is the resident, past or present, diagnosed with an asbestos related disease?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Indoor Information		
Does the interior have Zonolite attic insulation?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Did the interior ever have Zonolite attic insulation?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown NA	NA applies if attic currently has ZAI.
Are there vermiculite additives in any of the building materials?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Outdoor Information		
Is there any evidence of primary source materials at or near the property?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Could this have been tracked indoors or otherwise spread outdoors on the property?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Overall Assessment		
Are primary source materials present at the property?	Yes <input type="radio"/> No <input checked="" type="radio"/>	
Where are primary source materials located?	Inside <input type="radio"/> Outside <input type="radio"/> Both <input checked="" type="radio"/> NA	
ADDITIONAL INFORMATION <u>11/23/02 DW → Owner stated that LV from old pump house was</u> <u>clumped by the gravel pad when the pump house was taken down. No LV observed</u> <u>by field team.</u>		

CSS INFORMATION FIELD FORM (continued)

Address: 152 Woodland Rd. #7BD# 662966

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information		
Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property?	Yes <u>Unknown</u>	
Is the resident, past or present, diagnosed with an asbestos related disease?	Yes <u>Unknown</u>	<u>Not screened</u>
Indoor Information		
Does the interior have Zonolite attic insulation?	Yes <u>No</u> Unknown	
Did the interior ever have Zonolite attic insulation?	<u>Yes</u> <u>Unknown</u> 0211-2202	NA applies if attic currently has ZAI. <u>See additional comments</u>
Are there vermiculite additives in any of the building materials?	Yes <u>No</u> Unknown	
Outdoor Information		
Is there any evidence of primary source materials <u>at</u> or near the property?	<u>Yes</u> Unknown	<u>Yard</u>
Could this have been tracked indoors or otherwise spread outdoors on the property?	<u>Yes</u> Unknown	
Overall Assessment		
Are primary source materials present at the property?	<u>Yes</u> No	
Where are primary source materials located?	Inside <u>Outside</u> Both NA	
ADDITIONAL INFORMATION <u>Resident stated that owner performed an asbestos removal in duplex - no LVAI witnessed.</u>		

INFORMATION FIELD FORM (continued)

Address: 190 WARDS RD.BD# 003048

Data Item	Value	Notes
OCCUPANT INFORMATION		
Number of Adults/Employees	0 <u>1</u> 2 3 4 5-15 16-20 21-30 >30	
Number of Children	<u>0</u> 1 2 3 4 Other: _____	
Years at Location	<1 1-5 5-10 10-15 <u>>15</u> DW 11.22.02	SINCE 1945
Was the residence/building remodeled?	Yes <u>NO</u> If yes, When (years): <2 2-5 >5 Where: Attic Living Areas Garage Basement Other: _____	
Has resident/business purchased any Libby vermiculite materials from W.R. Grace in the past?	Yes <u>NO</u>	BUT, DID HAUL LV IN THE PAST
Has the property at this location been used for a for-profit enterprise of distributing, treating, storing, or disposing of Libby vermiculite?	Yes <u>NO</u>	
Are there any known areas of exposed vermiculite?	Yes <u>NO</u> If yes, Where: Ceiling Walls Floors Attic Other: _____	

INFORMATION FIELD FORM (continued)

Address: 309 PINEWOOD LN

BD# 003061

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information		
Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property?	Yes <u>Unknown</u> No	
Is the resident, past or present, diagnosed with an asbestos related disease?	Yes <u>Unknown</u> No	
Indoor Information		
Does the interior have Zonolite attic insulation?	Yes Unknown <u>No</u>	
Did the interior ever have Zonolite attic insulation?	Yes Unknown <u>No</u> NA	NA applies if attic currently has ZAI.
Are there vermiculite additives in any of the building materials?	Yes Unknown <u>No</u>	
Outdoor Information		
Is there any evidence of primary source materials at or near the property?	<u>Yes</u> Unknown <u>No</u> DW 11-22-02	
Could this have been tracked indoors or otherwise spread outdoors on the property?	Yes <u>Unknown</u> <u>No</u> DW 11-22-02	
Overall Assessment		
Are primary source materials present at the property?	<u>Yes</u> <u>No</u> DW 11-22-02	
Where are primary source materials located?	Inside Both <u>Outside</u> <u>NA</u> DW 11-22-02	
ADDITIONAL INFORMATION		

Address: 309 PINELWOOD LN

ED# 003061

Data Item	Value	Notes
EXPOSURE ASSESSMENT		
Type and Frequency of Activity Near Vermiculite Material - Indoor	Frequency:	Once a day Once a week Once a month Once a year <u>Not Applicable</u>
	Duration of Contact:	<1 hour 1-2 hours 2-4 hours >4 hours <u>Not Applicable</u>
	Extent of Contact:	Heavy Moderate Light <u>Not Applicable</u>
Type and Frequency of Activity Near Vermiculite Material - Outdoor	Frequency:	Once a day <u>Once a week</u> Once a month Once a year <u>Not Applicable</u> DW 11-22-02
	Duration of Contact:	<u><1 hour</u> 1-2 hours 2-4 hours >4 hours <u>Not Applicable</u> DW 11-22-02
	Extent of Contact:	Heavy Moderate <u>Light</u> <u>Not Applicable</u> pu 11-22-02

CSS Task Leader Screening Field Checks (2% checks) for 11/3/02 - 11/23/02

BD Number	Address	Discrepancy and Corrective Action
BD-002828	76 Alpine Way	No Issues
BD-002540	1705 Farm to Market Rd	Question 2 on Pg 5 was changed from no to unknown as the resident was not tested for an asbestos disease and was not able to say for sure the answer is NO
BD-002610	1312 Montana Ave	Additional vermiculite was observed outdoors and addition made to field sketch
BD-002578	293 Taylor Rd	Question 2 on Pg 5 was changed from no to unknown as the resident was not tested for an asbestos disease and was not able to say for sure the answer is NO
BD-002915	985 Farm to Market Rd	No issues
BD-002536	1704 Farm to Market Rd	No issues
BD-002662	95 Sunny Side Dr	Page 2 Number of Children changed to 2. Two grandchildren visit frequently. Page 2 Purchased vermiculite changed to no. Material was not purchased but obtained for free
BD-002663	125 Sunny Side Dr	Page 2 Number of Children change to 2. Two Nephews visit.
BD-002771	2292 Farm to Market Rd	No issues
BD-002847	565 Terrace View Rd	Presence of vermiculite was missed in yard
BD-003003	251 A Cedar Meadow Rd	No issues
BD-002772	782 Farm to Market Rd	Answers to Outdoor Information questions were changed to NO
BD-002904	151 Lodge Pole Way	Knowledge of former Miners changed to YES
BD-003000	127 Lodge Pole Way	Knowledge of former Miners changed to YES
BD-002667	119 Evans Rd	No issues

Address: 1765 Farm to Market Rd.BD# 002540

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information		
Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property?	Yes <u>No</u> Unknown	
Is the resident, past or present, diagnosed with an asbestos related disease?	Yes <u>No</u> <u>Unknown</u>	<u>5/11/14/02</u> *Resident has not been screened
Indoor Information		
Does the interior have Zonolite attic insulation?	Yes <u>No</u> Unknown	
Did the interior ever have Zonolite attic insulation?	Yes <u>No</u> <u>Unknown</u> NA	NA applies if attic currently has ZAI.
Are there vermiculite additives in any of the building materials?	Yes <u>No</u> Unknown	
Outdoor Information		
Is there any evidence of primary source materials at or near the property?	Yes <u>No</u> Unknown	
Could this have been tracked indoors or otherwise spread outdoors on the property?	Yes <u>No</u> Unknown	
Overall Assessment		
Are primary source materials present at the property?	Yes <u>No</u>	
Where are primary source materials located?	Inside Outside Both <u>NA</u>	
ADDITIONAL INFORMATION <u>House was originally located at the Stinson Lumber Mill.</u>		

CSS INFORMATION FIELD FORM (continued)

Address: 1312 Maryland AVEBD# 002610

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information		
Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property?	Yes <u>No</u> Unknown	
Is the resident, past or present, diagnosed with an asbestos related disease?	Yes <u>No</u> Unknown	
Indoor Information		
Does the interior have Zonolite attic insulation?	<u>Yes</u> No Unknown	
Did the interior ever have Zonolite attic insulation?	<u>Yes</u> No Unknown NA	NA applies if attic currently has ZAI.
Are there vermiculite additives in any of the building materials?	<u>Yes</u> No Unknown	IN MASONRY IN CRAWL SPACE
Outdoor Information		
Is there any evidence of primary source materials at or near the property?	<u>Yes</u> No Unknown	
Could this have been tracked indoors or otherwise spread outdoors on the property?	<u>Yes</u> No Unknown	
Overall Assessment		
Are primary source materials present at the property?	<u>Yes</u> No	
Where are primary source materials located?	<u>Inside</u> ^{11.15.02} <u>Outside</u> ^{11.15.02} <u>Both</u> NA	IN ATTIC
ADDITIONAL INFORMATION <u>NO Dug ZAI in Attic. LV in garden.</u>		

55 INFORMATION FIELD FORM (continued)

Address: 1312 Montana Ave.

BD# 002610

FIELD DIAGRAM OF PROPERTY

Identify important features (i.e. drainage, trees, gardens, structures, flowerbeds, utility poles, known underground utilities, suspected Libby amphibole source areas, sample locations, etc). Include north arrow.

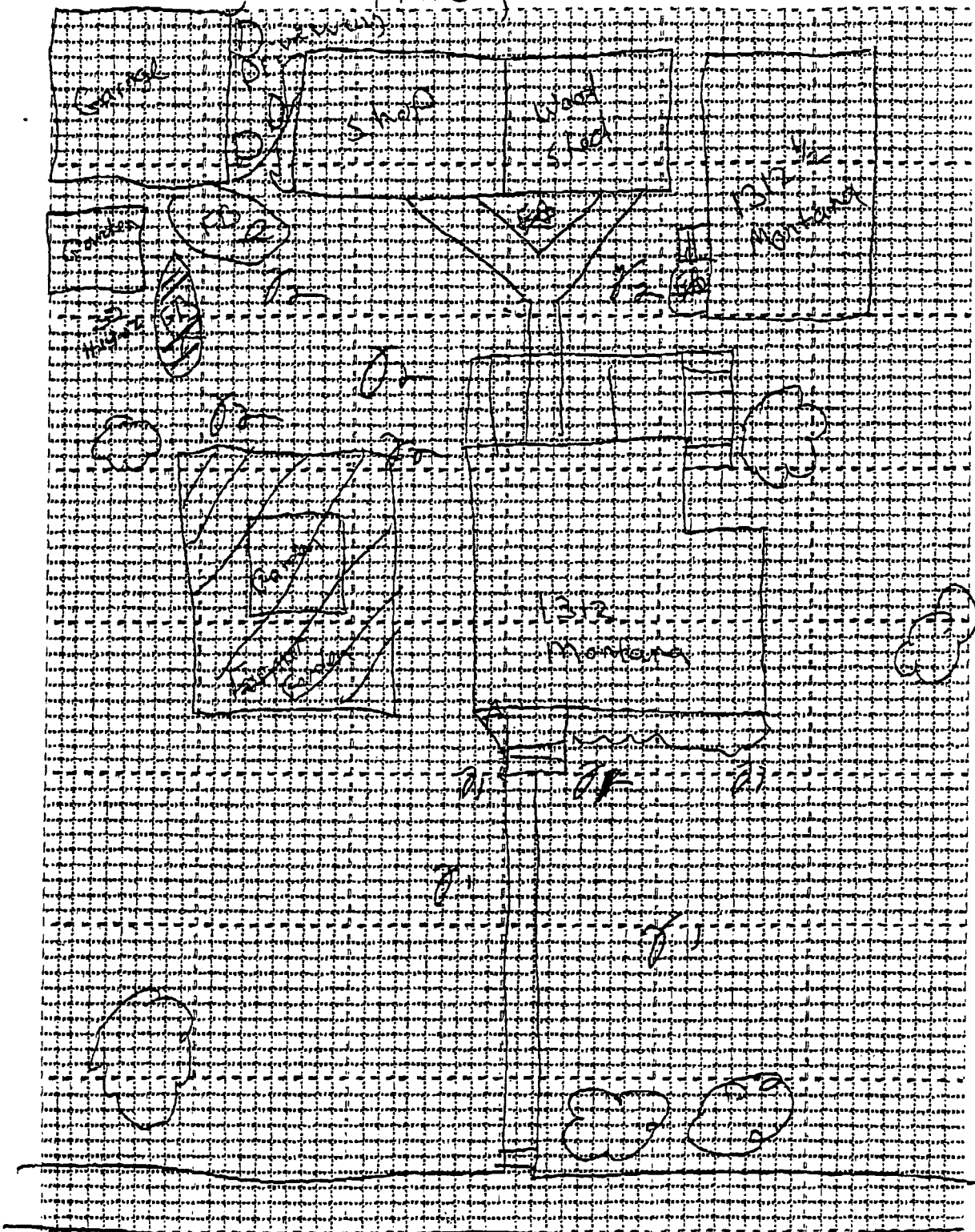
NOT TO SCALE

☒ = Vermiculite Visible

N →

←

BP
10/9/07



Montana Ave

DW
10-14-02

Address: 293 Taylor Rd

BD# 002528

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information		
Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property?	Yes <input type="radio"/> <u>No</u> Unknown	
Is the resident, past or present, diagnosed with an asbestos related disease?	Yes <input type="radio"/> <u>No</u> <u>Unknown</u>	Resident has not been tested.
Indoor Information		
Does the interior have Zonolite attic insulation?	Yes <input type="radio"/> <u>No</u> Unknown	
Did the interior ever have Zonolite attic insulation?	Yes <input type="radio"/> <u>No</u> Unknown NA	NA applies if attic currently has ZAI.
Are there vermiculite additives in any of the building materials?	Yes <input type="radio"/> <u>No</u> Unknown	NOKE OBSERVED
Outdoor Information		
Is there any evidence of primary source materials at or near the property?	Yes <input type="radio"/> <u>No</u> Unknown	
Could this have been tracked indoors or otherwise spread outdoors on the property?	Yes <input type="radio"/> <u>No</u> Unknown	
Overall Assessment		
Are primary source materials present at the property?	Yes <input type="radio"/> <u>No</u>	
Where are primary source materials located?	Inside <input type="radio"/> Outside <input type="radio"/> Both <input type="radio"/> <u>NA</u>	
ADDITIONAL INFORMATION <u>Two Nice Dogs - BRING BONES</u>		

5 INFORMATION FIELD FORM (continued)

Address: 95 SUNNYSIDE DRDCCE 46712
BD# 02662

Data Item	Value	Notes
OCCUPANT INFORMATION		
Number of Adults/Employees	0 <u>(1)</u> 2 3 4 5-15 16-20 21-30 >30	
Number of Children	<u>sc 11/15/02</u> <u>(2)</u> 3 4 Other: _____	Grandchildren visit 2 X per month
Years at Location	<1 1-5 5-10 10-15 <u>>15</u>	30 YEARS
Was the residence/building remodeled?	<u>Yes</u> No If yes, When (years): <2 2-5 <u>>5</u> Where: Attic <u>Living Areas</u> Garage <u>Basement</u> Other: _____	ALL WALLS & CEILINGS
Has resident/business purchased any Libby vermiculite materials from W.R. Grace in the past?	<u>Yes</u> <u>sc 11/15/02</u> <u>No</u>	Did not purchase material, was obtained for free, and was added to guide.
Has the property at this location been used for a for-profit enterprise of distributing, treating, storing, or disposing of Libby vermiculite?	Yes <u>No</u>	
Are there any known areas of exposed vermiculite?	<u>Yes</u> No If yes, Where: Ceiling Walls Floors <u>Attic</u> Other: _____	LVA1 OBSERVED IN LIGHT FIXTURES OF LIVING AREA

INFORMATION FIELD FORM (continued)

NO. 979 P. 4/4

Address: 125 SUNNY SIDE AVEBD# 002663

Data Item	Value	Notes
OCCUPANT INFORMATION		
Number of Adults/Employees	0 <u>(1)</u> 2 3 4 5-15 16-20 21-30 >30	
Number of Children	<u>(0)</u> 1 <u>(2)</u> 3 4 -50 if other: <u>11/15/02</u>	Nephews visit ~ 2x per year.
Years at Location	<1 1-5 5-10 10-15 <u>>15</u>	16 YEARS
Was the residence/building remodeled?	<u>Yes</u> No If yes, When (years): <2 2-5 <u>>5</u> Where: Attic <u>Living Areas</u> Garage Basement Other: _____	
Has resident/business purchased any Libby vermiculite materials from W.R. Grace in the past?	Yes <u>No</u>	
Has the property at this location been used for a for-profit enterprise of distributing, treating, storing, or disposing of Libby vermiculite?	Yes <u>No</u>	
Are there any known areas of exposed vermiculite?	Yes <u>No</u> If yes, Where: Ceiling Walls Floors Attic Other: _____	

CSS INFORMATION FIELD FORM (continued)

Address: 565 Terrace View RdBD# 003847

Data Item	Value	Notes
INDOOR ASSESSMENT		
Vermiculite Insulation Past or Present	Attic: Yes <input checked="" type="radio"/> No <input type="radio"/> NA <input type="radio"/> Unknown Walls: Yes <input checked="" type="radio"/> No <input type="radio"/> NA <input type="radio"/> Unknown Basement: Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> Unknown Crawl Space: Yes <input type="radio"/> No <input checked="" type="radio"/> NA <input type="radio"/> Unknown Other: _____	Visual confirmation of current presence or absence required for attic. <u>Fiberglass</u>
Evidence of Physical Damage?	Yes <input type="radio"/> No <input checked="" type="radio"/>	
Evidence of Water Damage?	Yes <input type="radio"/> No <input checked="" type="radio"/>	
OUTDOOR ASSESSMENT		
Libby Amphibole Sources Present	Garden: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA Yard: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA Stockpiles: <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA Other: _____	<u>5011/18/02</u> <u>Lots of LV observed in back yard.</u>
Proximity to Other Properties with Potential Sources of Libby Amphiboles	<u>Next door</u> Within same block Other: _____ Unknown	

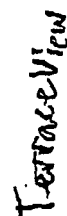
CSS INFORMATION FIELD FORM (continued)

Address: 565 Terrace View RdBP# 002847

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information		
Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	^{RPA 10/16/02} He worked at saw mill for 30 years.
Is the resident, past or present, diagnosed with an asbestos related disease?	<input type="radio"/> Yes <input checked="" type="radio"/> Unknown <input type="radio"/> No	not screened
Indoor Information		
Does the interior have Zonolite attic insulation?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	
Did the interior ever have Zonolite attic insulation?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	NA applies if attic currently has ZAI.
Are there vermiculite additives in any of the building materials?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	none observed
Outdoor Information		
Is there any evidence of primary source materials <u>at or near</u> the property?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	garden, flower beds, yard as well flower bed at neighbors
Could this have been tracked indoors or otherwise spread outdoors on the property?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Overall Assessment		
Are primary source materials present at the property?	<input checked="" type="radio"/> Yes <input type="radio"/> No	flower bed on S side, borrow source pile N side, large garden
Where are primary source materials located?	<input type="radio"/> Inside <input checked="" type="radio"/> Outside <input type="radio"/> Both	
ADDITIONAL INFORMATION <u>NO DOGS - 13 acres of land.</u>		

3/2/20

~~NOT~~ TO SCALE

[illegible]

FB flower bed
* vermiculite observed
BS borrow source pile

CSS INFORMATION FIELD FORM (continued)

Address: 785 Fern to Market RdBD# 002772

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information		
Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	worked on Rail Road, current resident.
Is the resident, past or present, diagnosed with an asbestos related disease?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	husband - has starting rest of family - OK.
Indoor Information		
Does the interior have Zonolite attic insulation?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	APPROXIMATELY 625 ft ³
Did the interior ever have Zonolite attic insulation?	<input checked="" type="radio"/> Yes <i>DU 11/20/02</i> <input type="radio"/> No <input type="radio"/> Unknown <input checked="" type="radio"/> NA	NA applies if attic currently has ZAI.
Are there vermiculite additives in any of the building materials?	Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	none observed
Outdoor Information		
Is there any evidence of primary source materials at or near the property?	Yes <input checked="" type="radio"/> No <i>50 11/20/02</i> <input type="radio"/> Unknown	
Could this have been tracked indoors or otherwise spread outdoors on the property?	Yes <input checked="" type="radio"/> No <i>50 11/20/02</i> <input type="radio"/> Unknown	
Overall Assessment		
Are primary source materials present at the property?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Where are primary source materials located?	<input checked="" type="radio"/> Inside <input type="radio"/> Outside <input type="radio"/> Both <input type="radio"/> NA	
ADDITIONAL INFORMATION <u>one dog - FRIENDLY</u>		
<u>2nd check performed 11/20/02: No outdoor LV observed, and subsequent changes were made to the IFF.</u>		

Address: 151 Lodge Pole Way

BD# 002204

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information		
Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	5/11/20/22 Friends used to visit and stayed for several weeks they worked at mine.
Is the resident, past or present, diagnosed with an asbestos related disease?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	
Indoor Information		
Does the interior have Zonolite attic insulation?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	
Did the interior ever have Zonolite attic insulation?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	NA applies if attic currently has ZAI.
Are there vermiculite additives in any of the building materials?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	
Outdoor Information		
Is there any evidence of primary source materials at or near the property?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	
Could this have been tracked indoors or otherwise spread outdoors on the property?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Unknown	
Overall Assessment		
Are primary source materials present at the property?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Where are primary source materials located?	<input type="radio"/> Inside <input type="radio"/> Outside <input checked="" type="radio"/> Both <input type="radio"/> NA	
ADDITIONAL INFORMATION <u>NO Digs Left of Trailer next to shed and 1926 Ford car</u>		

INFORMATION FIELD FORM (continued)

Address: 127 Lodge Pole wayBD# 003000

Data Item	Value	Notes
CONTAMINANT SCREENING STUDY ASSESSMENT		
Occupant Information <u>5/11/2002</u>		
Is there any knowledge of former miners, close relative of miners, or any highly exposed persons living or visiting the property?	Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> Unknown	Residents were in used to work for Grace and visited often.
Is the resident, past or present, diagnosed with an asbestos related disease?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Indoor Information		
Does the interior have Zonolite attic insulation?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Did the interior ever have Zonolite attic insulation?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown NA	NA applies if attic currently has ZAI.
Are there vermiculite additives in any of the building materials?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Outdoor Information		
Is there any evidence of primary source materials at or near the property?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Could this have been tracked indoors or otherwise spread outdoors on the property?	Yes <input type="radio"/> No <input checked="" type="radio"/> Unknown	
Overall Assessment		
Are primary source materials present at the property?	Yes <input type="radio"/> No <input checked="" type="radio"/>	
Where are primary source materials located?	Inside <input type="radio"/> Outside <input type="radio"/> Both <input checked="" type="radio"/> NA <input checked="" type="radio"/>	
ADDITIONAL INFORMATION <u>ONE DOG INSIDE</u>		

Libby Asbestos RI SAP

11/5/2002

CDM Federal Programs Center QC Review Sheet-WP Rev. 2 3282-116-PP-

Quality Control Review Sheet

Contract Name: RAC	Project Number: 3282-116
Document Type: Work Plan	Number of Pages
Document Title/ID: WORK PLAN REVISION 2 / 3282-116-PP-WKPN-15794	
Initiated By: J. MONTEA	Product Number: J. MONTEA
Date Initiated: 11/5/02	Date Due to Client: 11/6/02
QCC: YES	Internal Due Date: 11/5/02

Reviews Required	Document Version
<input type="checkbox"/> Editorial <input checked="" type="checkbox"/> Technical <input checked="" type="checkbox"/> QCC <input checked="" type="checkbox"/> QA	<input type="checkbox"/> Preliminary Draft <input type="checkbox"/> Working Draft <input type="checkbox"/> Final Draft <input type="checkbox"/> Final Document
<input type="checkbox"/> Regulatory Review <input type="checkbox"/> Engineering Review <input type="checkbox"/> Other:	
Estimated Review Hours: Editorial: _____ Technical: _____ QCC: _____ QA: _____ Regulatory: _____ Engineering: _____ Other: _____ Change Number: _____	

*QA review is required for work plans, field plans, measurement reports, and documents procuring technical services.

Editorial Reviewer:	Due Date	Date Reviewed	Signature
Report Item	No Changes	See Text for Changes	Please Call to Discuss
Overall Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Format	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity, Consistency, Grammar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reference List/Citations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tables/Figures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QCC Confirmation of Changes <input type="checkbox"/>			

Technical Reviewer: STEVE FURBERG	Due Date: 11/5	Date Reviewed: 11/5	Signature: STEVE FURBERG
Report Item	No Changes	See Text for Changes	Please Call to Discuss
Intended Scope Served	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Adequacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calculations Checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tables/Figures Support Text	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conclusions Justified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QCC Confirmation of Changes <input checked="" type="checkbox"/>			

Additional Reviewer:	Date Reviewed:	Signature:
<input checked="" type="checkbox"/> QA <input type="checkbox"/> Regulatory <input type="checkbox"/> Engineering <input type="checkbox"/> Other	11/5	K

Word Processor:	Signature:
	Cult

QCC Final Confirmation Signature:

Date **11/6/02**

**Record of Deviation/
Request for Modification**

000062

to the
**Libby Sampling and Quality Assurance Project Plan
Field Activities****Instructions to Requester: Fax to contacts at bottom of form for review and approval.
File approved copy with Data Manager and fax copy to SRC.**

Project QAPP (circle one): PE Study Part a (approved 6/00) b (approval pending), c (approval pending)
Phase I (approved 4/00) Phase II (approved 2/01)
Removal Action (approved 7/00) CSS (approval 5/02)

Scenario No. (circle one): 1 2 3 4 NARequester: Dee WarrenTitle: CSS Task LeaderCompany: CDMDate: 11-22-02

Description of Deviation:

Update Soil Sample Preparation SOPField Logbook and page number deviation is documented on: 100/38 page 93

Reason for Deviation:

modification made to Soil Sample Preparation SOP
ISSI-LIBBY-01

Potential Implications of this Deviation:

None. No adverse impacts anticipated. Modifications to SOP are documented.

Duration of Deviation (circle one):

Temporary

Date(s): _____

Resident address(es): _____

Permanent

(complete Proposed Modification Section)

Proposed Modification to SQAPP (attach additional sheets if necessary; state section and page numbers of SQAPP when applicable):

See attached SOP RevisionTechnical Review: David Boland

(Volpe Project Manager or designate)

Date: 11/22/02Quality Assurance Review and Approval: L. Spichal

(Quality Assurance Coordinator or designate)

Date: 11/22/02Approved By: Jaime Goldade

(USEPA OSC or SSC)

Title: Project ChemistDate: 11/26/02